

**MEDICALLY  
INDIGENT  
PROGRAM  
(MIP)**



**RECIPIENT HANDBOOK**  
Department of Public Health & Social Service

# INTRODUCTION

This handbook is prepared to answer basic questions concerning the requirements and benefits of the Medically Indigent Program (MIP).

MIP is a 100% locally funded program established by P.L. 17-83 in October 1983 to provide financial assistance with health care cost to individuals who meet the necessary income, resource and residency requirements.

Public Law 18-31 authorizes the Department of Public Health and Social Services, Division of Public Welfare (DPW), Bureau of Health Care Financing (BHCF) to administer the MIP. The law was revised by P.L. 27-30, which was signed into law September 30, 2003.



## WHO MAY BE ELIGIBLE?

Any person who is:

1. A resident of Guam who has resident on Guam for a period of no less than six (6) months and who has been physically living on Guam within the last six (6) months of the year;
2. Not eligible for Medicaid or Medicare coverages and have exhausted all benefits under Title XVIII, XIX of the Social Security Act, or State Children's Health Insurance Program under Title XXI of the Balanced Budget Act of 1997;
3. A child in foster care, age 18 years and below;
4. Eligible to receive temporary emergency medical or other special care as provided in Section 2905.3 of the law.

## WHERE MAY AN APPLICATION BE ACCEPTED FOR MIP?

The Bureau of Economic Security (BES)/Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamp, office at three locations. **See listing on the back cover of this brochure.**

## WHAT ARE THE INCOME AND RESOURCE LIMITATIONS?

Income limitation for full MIP coverage follows 100% of the Federal Poverty Guidelines that is updated and effective October 1<sup>st</sup> of each fiscal year.

## WHAT IF MY GROSS MONTHLY INCOME EXCEEDS THE GROSS INCOME LIMITATIONS?

You may still be eligible for the partial MIP coverage as follows:

1. MIP with liability, if gross income does not exceed three hundred dollars (\$300) of the Guam MIP Income Guideline.
2. Tuberculosis, Leprosy, Lytico/Bodig, End Stage Renal Disease or Insulin Dependent Diabetes Mellitus coverage, if afflicted with the specific coverage and the gross income does not exceed one thousand dollars (\$1,000) of the Guam MIP Income Guideline.

Recipients under partial coverage will be responsible for sharing the cost of medical expense by payment of their liability.

## WHAT IS MY LIABILITY RATE IF I'M ELIGIBLE FOR PARTIAL COVERAGE?

The following is a table of the percentage of an applicant's liability for program medical services rendered for each range of available income per month above the income guidelines:

Regular MIP	Afflicted with TB, Leprosy, Lytico Bodig ESRD or DM (Insulin Dependent)	Percentage Liability
\$ 1 - \$ 50	\$ 1 - \$167	7 %
\$ 51 - \$100	\$168 - \$335	15%
\$101 - \$150	\$336 - \$502	22%
\$151 - \$200	\$503 - \$670	30%
\$201 - \$251	\$671 - \$837	37%
\$252 - \$300	\$838 - \$1,000	45%

## LIQUID RESOURCES:

The maximum allowable liquid resources of all member of the Medically Indigent Program shall not exceed the two thousand dollars (\$2,000) household limitation. These resources shall include but is not limited to the following:

1. Cash on Hand
2. Checking or Savings account
3. Stocks and Bonds
4. Shares in Credit Union
5. Lump Sum Payments
6. Time Certifications
7. Other Investment

## VEHICLE, REAL PROPERTY AND OTHER RESOURCES:

- The entire value of one (1) licensed vehicle shall be excluded for one (1) parent household and two (2) vehicles shall be excluded for two (2) parent households. All other vehicles shall be individually evaluated at Fair Market Value and that portion of the value which exceeds the current FSP vehicle disregard shall be attributed in full towards the household's resource limit, regardless of any encumbrances on the vehicles.
- Primary house is excluded from real property including any surrounding land in which a client lives and owns or is buying. The Agency shall exclude from "resources" consideration the necessary non-liquid income producing property, but not real property.

## MUST AN APPLICATION BE COMPLETED PRIOR TO THE INTERVIEW?

Yes, an application for Public Assistance Program form must be completed and submitted to the Receptionist. The Receptionist will set you up for an interview appointment to an Eligibility Specialist (ES). All required documents should also be submitted during the interview.

## DOES THE HEAD OF HOUSEHOLD HAVE TO BE PRESENT DURING THE INTERVIEW?

Yes, but exception will be made. If the head of household is incapacitated or unable to make it to the interview, the spouse or an authorized representative must be present.

## WHEN WILL I BE INFORMED OF MY ELIGIBILITY STATUS?

The Eligibility Specialist (ES) has thirty (30) days from the date of the interview to determine your eligibility.

## WHEN DOES ELIGIBILITY BEGIN?

If eligible, eligibility begins on the first day of the month of application.

## IF ELIGIBLE, DO I RECEIVE AN MIP CARD?

You will receive a Notice of Action (NOA) in lieu of an MIP card mailed to the address indicated in your application on the following month after you are determined eligible. You should inform your ES of any changes in address. If you do not receive your NOA by the tenth (10) of the month, you should contact your ES. **Participating MIP providers can verify your eligibility.**

## DO I HAVE TO APPLY EVERY MONTH?

No. If you are fifty-five (55) years old and over with unearned or no income, you will be certified for twelve (12) months. All other recipients are given a maximum of six (6) months eligible. You need to renew to continue your MIP coverage.

## WHAT MEDICAL/DENTAL SERVICES DOES MIP PAY?

### \*\*With limitations/co-insurance/co-payments

- ✓ Acupuncture and Chiropractic Care\*
- ✓ Audiological Examination and Hearing Aids\*
- ✓ Birthing Center Services
- ✓ Blood and Blood Products\*
- ✓ Dental Services\*
- ✓ Diabetes and Related Services and Supplies\*
- ✓ Durable Medical Equipment and Supplies\*
- ✓ Family Planning Services and Supplies\*
- ✓ Home Health Services\*
- ✓ Hospice Care\*
- ✓ Inpatient Ambulance\*
- ✓ Inpatient Services\*
- ✓ Renal Dialysis\*
- ✓ Laboratory and Radiology Services
- ✓ Mental Health Services\*
- ✓ Tuberculosis or Lytico (Amyotrophic Lateral Sclerosis) and Bodig (Parkinson Disease) and Related Services
- ✓ Off-island Medical Care and Air Transportation\*
- ✓ Optometrist Services and Lens\*
- ✓ Orthopedic Conditions and Prosthetic Appliances\*
- ✓ Other Practitioner Services
- ✓ Outpatient Services
- ✓ Physician Services
- ✓ Prescription Drugs\*
- ✓ Preventive Services
- ✓ Skilled Nursing and Intermediate Care Facility Services\*
- ✓ Voluntary Sterilization Services
- ✓ Well Child Care\*

# MEDICAL BENEFITS AND LIMITATIONS:

<b>Acupuncture:</b> <ul style="list-style-type: none"> <li>• 10 visits per contract period</li> <li>• \$50.00 per visit</li> </ul>	<b>Off Guam Medical Care:</b> <ul style="list-style-type: none"> <li>• \$175,000.00 per year including airfare and escort fees</li> </ul>
<b>Air Fare</b> <ul style="list-style-type: none"> <li>• Round trip air transportation to an eligible patient one (1) parent if the patient is a minor or one medical escort when medically necessary</li> </ul>	<b>Orthopedic services and Appliances:</b> <ul style="list-style-type: none"> <li>• \$50,000.000 maximum per year</li> <li>• 10% co-insurance on all services</li> </ul>
<b>Audio logical examinations:</b> <ul style="list-style-type: none"> <li>• \$100.00 maximum per visit</li> </ul>	<b>Pharmaceutical Prescriptions:</b> <ul style="list-style-type: none"> <li>• Limited to thirty (30) days supply at one time except birth control pills 90 days supply; limited to generic drug only with \$2.50 co-payment per prescription filled</li> </ul>
<b>Blood and Blood Products:</b> <ul style="list-style-type: none"> <li>• \$50,000.00 maximum per year except hemophilia or hemophilia-related conditions</li> </ul>	<b>Physical Examination (PE):</b> <ul style="list-style-type: none"> <li>• \$5.00 co-payment for each PE related services</li> </ul>
<b>Cardiac Related Services:</b> <ul style="list-style-type: none"> <li>• 10% co-insurance</li> </ul>	<b>Physical Therapy:</b> <ul style="list-style-type: none"> <li>• First 20 visits full coverage, 50% coverage required thereafter</li> </ul>
<b>Chemical Dependency:</b> <ul style="list-style-type: none"> <li>• \$10,000.00 per year</li> </ul>	<b>Radiology:</b> <ul style="list-style-type: none"> <li>• 10% co-insurance on all services</li> </ul>
<b>Corrective Lenses:</b> <ul style="list-style-type: none"> <li>• \$100.00 maximum every 2 years</li> </ul>	<b>Radiation Therapy:</b> <ul style="list-style-type: none"> <li>• 10% co-insurance on all services</li> </ul>
<b>Eye Examination:</b> <ul style="list-style-type: none"> <li>• \$50.00 maximum once a year</li> </ul>	<b>Renal Dialysis:</b> <ul style="list-style-type: none"> <li>• Limited coverage to first twelve (12) months. Premium payments and co-insurance thereafter</li> </ul>
<b>Hearing Aid:</b> <ul style="list-style-type: none"> <li>• \$500.00 maximum per hearing aid</li> </ul>	<b>Skilled Nursing Facility:</b> <ul style="list-style-type: none"> <li>• 180 days maximum per year</li> </ul>
<b>Home Health Services:</b> <ul style="list-style-type: none"> <li>• Limited to 100 days per year</li> </ul>	<b>Well Child Care:</b> <ul style="list-style-type: none"> <li>• Six (6) visits per year up to age two (2) excluding visits for immunization.</li> </ul>
<b>Hospice Care:</b> <ul style="list-style-type: none"> <li>• 180 days maximum</li> </ul>	

## MEDICAL EXCLUSIONS:

- Voluntary abortions, abortions and interrupted pregnancy that are not medically necessary;
- Elective cosmetic surgery, except as provided for in the Woman’s Health Act;
- Custodial care, domiciliary care, private duty nursing services or rest cures, unskilled services, except as provided for in hospices;
- Personal comfort or convenience items;
- Any services not medically necessary for the diagnosis or treatment of a disease, injury or conditions;
- Non-emergency use of Emergency Room;
- Over the counter drugs not listed in the Drug Formulary;
- Experimental drugs, treatments or procedures;
- Fertility procedures, reversal of sterilization and services related to artificial conception;
- Treatment services and supplies related to sexual dysfunction;
- Trans-sexual surgery and related services;
- Mental health services for a person with mental retardation;
- Motorized limbs;
- Services for any incarcerated person;
- Care or services furnished by immediate relatives or member of the patient’s household.



- Health care services, which are provided and reimbursed by other local or federal programs, MIP is the last resort payer;
- Speech and language therapy;
- Tissue and organ transplants and other related services during and after transplant;
- Treatment and services for artificial weight reduction, including gastric bypass, stapling or reversal, or liposuction;
- Treatment for injuries sustained in the commission of an illegal or criminal act, including driving under the influence;
- Any work related injury, subject to compensation pursuant to the Workers Compensation Law;
- Care for military service connected disabilities to which the patient is legally entitled to government benefits or care;
- Physical therapy services determined not to result in significant and demonstrable improvements in the patient's ability to function independently;
- Occupational therapy, acupuncture and chiropractic services related solely to specific employment opportunities, work skills or work settings;
- Any diagnostic service requiring prior authorization which has not been obtained or has been denied;
- Off-island emergency services;
- Off-island living expense;
- Benefits and services not specifically listed as covered.



### **DENTAL BENEFITS AND LIMITATIONS:**

Emergency dental services (restoration, extraction and root canal treatment) which are necessary to alleviate severe pain and annual routine treatment (dental examination and cleaning) are covered for all persons age seventeen (17) and above.

MIP clients are responsible for twenty percent (20%) of the cost of each treatment.

### **DENTAL EXCLUSIONS:**



The following dental services or procedures shall not be covered by MIP:

1. Cosmetic or cosmetic related treatments;
2. Treatments initiated while not on existing plan;
3. Services or treatments not in accordance with accepted dental therapeutics;
4. Any services not listed in American Dental Association's procedures codes;
5. Any treatment or services related to temporomandibular joint dysfunction syndrome (TMJ/TMD) or disease, including but not limited to crowning, wiring or repositioning of teeth;
6. Posterior composites;
7. Broken appointment fees;
8. Dental implants and implants prosthesis;
9. Orthodontics or orthodontic-related treatments.

### **WHAT COVERED SERVICES REQUIRE PRIOR AUTHORIZATION FROM MIP?**

- Acute inpatient services for more than 60 days
- Elective surgery with one or more days admission prior to scheduled surgery
- Medically necessary circumcision
- Physical and Occupational therapy
- CT Scan, MRA, and MRI

- Refractive eye examination and Eyeglasses
- Durable medical equipment
- Medical/Surgical supplies
- Hearing evaluation and Hearing aid
- Off-Island medical care and Air transportation
- Home Health service
- Hospice Care service

## **WHERE DO I GET PRIOR AUTHORIZATION?**

Visit BHCFA Prior Authorization office on the 2<sup>nd</sup> Floor, Mangilao Public Health, Room 218, for prior authorization.

## **WHAT OFF-ISLAND MEDICAL TREATMENT DOES MIP COVER?**

Medically necessary treatments or procedures that are not available in Guam are covered by MIP provided a prior authorization is obtained before the treatment is rendered.

## **WHAT AIRFARE ASSISTANCE CAN MIP PROVIDE FOR ITS RECIPIENTS?**

Round trip air transportation will be provided to MIP recipients when all criteria for off-island care have been met. One (1) parent or guardian will be covered if the patient is a minor, seventeen (17) year of age or below. Air transportation and per diem will also be provided for medical escort (registered nurse or physician) when the MIP Advisory Council certifies it as being necessary to accompany and assists the patient while on referral. The referring physician shall provide a written request of the reasons for the medical escort.

## **HOW ARE MIP BILLS PAID?**

All payments covered by the MIP are made directly to the hospital, clinics, dentists, and other providers. It is your responsibility to pay the provider for your co-payment and liability. Should you have paid for a bill and is covered service, **MIP WILL NOT** reimburse you.

MIP recipients **SHOULD NOT MAKE PAYMENTS TO MIP PROVIDERS** for any medical services, equipment, or supplies other than the co-payment charges and liability share.

MIP recipients **WILL NOT BE REIMBURSED FOR ANY MEDICAL PAYMENTS**, if you are billed by a provider for a service you feel should be covered by MIP, please contact the Bureau of Health Care Financing Administration (BHCFA) before making any payments.

# Penalty Warning

You may be suspended or terminated from the program and/or prosecuted, and also liable for repayment of the paid services if you:



- Knowingly and willfully make any false statement or representation in the application for medical assistance benefits.
- Knowingly and willfully make any false statement or representation in order to qualify for benefits.
- Intentionally conceal any facts that affect your eligibility for the purpose of receiving or continuing to receive benefits for which you were not entitled to.
- Failure to report changes in household status within 10 calendar days.

**If you see or know of anyone who is making false declarations to obtain MIP benefits, or charge MIP for medical care not provided, please call the Investigation Recovery Services Section at 735-7353.**

## FOR INFORMATION PLEASE CALL THE FOLLOWING:

### BUREAU OF ECONOMIC SECURITY

Eligibility Certification Section      Central Mangilao (2<sup>nd</sup> Floor) - 735-7245/735-7274  
Northern Dededo - 635-7429/7488  
Southern Inarajan - 828-7542/8524

### BUREAU OF HEALTH CARE FINANCING ADMINISTRATION

Prior Authorization Section      Central Mangilao (2<sup>nd</sup> Floor, Room 218) - 735-7243/7255  
Claims Section      Central Mangilao & Castle Mall - 735-7225/7249/7302/7474



WEBSITE ADDRESS: [www.dphss.guam.gov](http://www.dphss.guam.gov)